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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

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PAI N^r

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Goetzke et al.
IN: CHRONIC PAIN PATIENT IDENTIFICATION SYSTEM

CERTIFICATE UNDER 37 CFR §1.10 I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C 20231, "EXPRESS No EL084632579US, on this 27 day of April, 2001.

Assistant Commissioner for Patents

BOX PATENT APPLICATION

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	10	x 18	\$180.00
Independent Claims	4	3	1	x 80	\$ 80.00
Multiple Dependent Claims				+ 270	\$ 0.00
Basic Filing Fee					\$710.00
				TOTAL	\$970.00

Charge Deposit Account No. 13-2546 the sum of \$970.00 (Filing Fee) and for a total of **\$970.00**.
 The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

27 APR 01

Eric R. Waldkottler

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